LOK SABHA

Monday, August 26, 1996/Bhadra 4, 1918 (Saka)

(The Lok Sabha met at Eleven of the Clock)

[MR. SPEAKER *in the Chair*]

WELCOME TO PARLIAMENTARY DELEGATION FROM AUSTRALIA

[English]

MR SPEAKER Hon Members, at the outset, I have to make an announcement

On my own behalf and on behalf of the Hon Members of the House, I have great pleasure in welcoming Senator the Hon. Mr. Nick Minchin, Parliamentary Secretary to the Prime Minister of Australia and other Members of the Australian Parliamentary Delegation who are on a visit to India as our honoured guests

The other Hon. Members of the Delegation are .

1. Mr. Peter Nugent, MP
2. Senator John Tierney
3. Mr. Bob Sercombe, MP

The Delegation arrived Delhi on 25 August, 1996. They are now seated in the Special Box. We wish them a happy and fruitful stay in our country. Through them, we convey our greetings and best wishes to the Governor-General, the Parliament and the friendly people of Australia.

11.03 hrs.

OBITUARY REFERENCES

[English]

MR. SPEAKER : Hon. Members, I have to inform the House of the sad demise of one of our former colleagues Shri C. Srinivasa Rao.

Shri C. Srinivasa Rao was a Member of Ninth Lok Sabha representing Nalgonda Parliamentary constituency of Andhra Pradesh during 1989-91.

Earlier, he was a Member of Andhra Pradesh Legislative Assembly during 1967-78 and 1983-85.

An active social and political worker, Shri C. Srinivasa Rao actively participated in the freedom movement. An agriculturist by profession, he took keen interest in the spread of education and upliftment of the downtrodden. He did yeoman's service in setting up of schools and libraries in his area and rendering financial assistance to the poor and needy students. He also organised sports activities in his area and made efforts for its promotion.

Shri C. Srinivasa Rao passed away at Hyderabad on 4 July, 1996 at the age of 70 years.

We deeply mourn the loss of this friend and I am sure the House will join me in conveying our condolences to the bereaved family.

As the hon. Members know, many of our pilgrims have met with untimely death reportedly on account of inclement weather. We mourn this too and the House may place on record its deep sense of grief in this regard.

The House may now stand in silence for a short while as a mark of respect to the memory of the departed soul.

The Members then stood in silence for a short while.

11.05 hrs.

ORAL ANSWERS TO QUESTIONS

[English]

Reimbursement of Surgery Charges

*341. DR. KRUPASINDHU BHOI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether for undergoing open heart surgery kidney transplant or other major surgery in A.I.I.M.S., the Central Government employees have first to deposit a huge amount from their own resources and then claim reimbursement from the Ministry of Health and Family Welfare after the surgery has been performed;

(b) whether Central Government employees, who are CGHS beneficiaries too, have to face numerous hardships in arranging such huge amount for the surgery;

(c) if so, whether Government propose to make such arrangement by which the AIIMS could collect surgery charges direct from the Ministry with a view to do away with the difficulties faced by CGHS beneficiaries;

(d) if so, by when the orders are likely to be issued in this regard; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) and (b). Government have issued orders for sanction of medical advance to the extent of 80% of the package deal covering major surgical procedures or the expenditure estimated by the concerned hospital. This advance can be drawn by the employees from their respective departments to whom

powers have already been delegated. The pensioners can draw the advance from the CGHS. As such, all efforts have been made to reduce inconvenience to the beneficiaries.

(c) No, Sir. The advance provided by Government is intended primarily to be used for payment towards disposable surgical sundries and artificial appliances to be used in major surgical-interventions not only in AIIMS but in all recognized Government and non-Government hospitals, where facilities for major surgery are being extended. AIIMS does not, however, ask for advance payment for normal hospital charges. Patients needing emergency medicines and other surgical items are provided the same by the hospital and replaced by the patients subsequently.

(d) and (e). In view of (c) above, the question does not arise.

DR. KRUPASINDHU BHOI : Hon. Speaker Sir, though the answer given by the hon. Minister is satisfactory, generally in the cases of cardiothoragic surgery, neuro surgery, kidney transplantation and other acute ailments, when the patient is admitted in the All India Institute of Medical Sciences and other superspecialised hospitals in the country, the different Departments should send the money or make available to the patient minimum three to four months in advance. So, I want to know whether the order has been issued or some way can be envisaged so that in acute cases, after getting the estimate, the Deparment could immediately deposit and send the money to the patient account of CTVS, Medical Superintendent of AIIMS, in different capacities. Without that, the advance generally takes three to four months time.

SHRI SALEEM IQBAL SHERVANI : I understand the anxiety that the hon. Member has expressed. For that, we have taken the step that the Ministries and the Departments have been delegated the powers to sanction the medical advance to serving Government employees. They can sanction the advance and its does not have to be routed through us. The parent Department itself can sanction the advance on the basis of certain package deals that we have worked out at various interventions. So, the question of delay does not arise as the parent Department itself can sanction the advance.

MR. SPEAKER : Any more supplementary?

DR. KRUPASINDHU BHOI : No, Sir.

[Translation]

VAIDYA DAU DAYAL JOSHI : Hon. Speaker Sir, all the private hospitals charge different amounts for open heart-surgery, such as Apollo hospital charges one lakh sixty thousand, Escorts charges one lakh twenty thousand and a hospital in Madras charge sixty thousand. Therefore, my question is whether the hon. Minister stipulates inform charge for open-heart-surgery in all the private hospitals? Part (b) of my question is that The Central Government has granted exemption in excise duty and other Central taxes in importing equipments by all thes hospitals. But inspite of all these, not a single bed is reserved for the poor. I would like to ask from the hon. Minister that when facilities have been provided for the establishment of these hospitals, then whether on the basis of these facilities they will be asked to reserve beds for the poor also.

[English]

SHRI SALEEM IQBAL SHERVANI : Sir, though this question is not related to the C.G.H.S., yet I would like to answer this question. These concern the private hospitals and they have their own system of making evaluations of what the charges would be. We go by a package deal for Government recognised hospitals.

[Translation]

We provide a package deal for every ailment stating that to much will be given for open heart Surgery, so much for renral failure, so much for angioplasty. We fix rates on the basis of the amounts charged by our hospitals. If some one wants to consult private hospital or a recognised hospital by the CGHS, we allow them. But we sanction the amount according to our package deal and the rest is borne by the patients themselves ...*(Interruptions)*

VAIDYA DAU DAYAL JOSHI : Why do they not follow?

SHRI SALEEM IQBAL SHERVANI : They are private hospitals...*(Interruptions)*

VAIDYA DAU DAYAL JOSHI : You provide them every kind of facility, so you have control over them.

SHRI SALEEM IQBAL SHERVANI : I am coming to that also. As regards facilities, there is a point that when the private hospitals take exemption from us, they give an undertaking that they will examine 20 percent or 30 percent patients free or that hospital will supply free beds. But in actual practice, this does not take place because there is no system to monitor it. This matter is already under investigation and the PIB is looking into it. The report is awaited. We will inform you as soon as we receive it...*(Interruptions)*

VAIDYA DAU DAYAL JOSHI : The committee has given its report.

SHRI R.L.P. VERMA : Hon. Speaker, Sir, the Government says that in the country, 38 percent to 45 percent people live below the poverty line, whose annual income is less than six thousand. If these people need open heart surgery, is the Government is prepared to provide them free medical treatment?

SHRI SALEEM IQBAL SHERVANI : There is no provision to provide them free treatment. But there is a budget in the Health Ministry and we assist them out of it and it is a ,limited budget upto only twenty thousand. In addition to this, if someone goes to a private hospital we try to get him some exemption by negotiating with the private hospital. But there is no such scheme under which the Government may bear the whole expenditure.

SHRI R.L.P. VERMA : But the Government should look into it.

SHRI SALEEM IQBAL SHERVANI : We will think over it.

[English]

SHRI SONTOSH MOHAN DEV (Silchar) : Sir, though the question relates to CGHS, my point is about a system that was followed for the benefit of the poorest of the poor. Earlier, when the Members of Parliament used to write to the Prime Minister recommending financial assistance for treatment of poor patients, the sanction for the same used to be given on the basis of a certificate from the hospital where the patient was admitted for treatment. I would like to know whether this practice has been done away with or not. If that system is still in practice, would you kindly consider increasing of the quantum of money that is given at present? Rs. 20,000 to Rs. 30,000 is the maximum amount that is given from the Prime Minister's Relief Fund. As has been said by many hon. Members, that nowadays the cost of operation is about Rs. 80,000 to Rs. 1,00,000; then there are other ancillary expenditure like travel and things like that. Apart from this, keeping in view the rate of inflation, this amount of donation or help should also be increased accordingly. Kindly give your reactions on this.

SHRI SALEEM IQBAL SHERVANI : Sir, this matter is already under our consideration. We have a limit to sanction. The authority to sanction which rests with the Minister of Health is only upto Rs. 20,000. The cost of operation may be Rs. 80,000 or Rs. 1,00,000 depending upon what kind of an operation it is. We are already considering this aspect. We are trying to make a representation where we are asking that there should be no limit for sanction; we should have funds which we should be allowed to give as per the due requirement of the patients and according to what the treatment would cost the patient.

Sir, regarding the Prime Minister's Relief Fund, the discretion is with the Prime Minister. He could sanction Rs. 20,000 or Rs. 30,000 or Rs. 40,000. But the Minister of Health has the authority to sanction only Rs. 20,000 per patient.

[Translation]

Health Services to Public

*342. SHRIMATI BHAVNABEN DEVRAJ BHAI CHIKHALIA :

SHRIMATI SHEELA GAUTAM :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Union Government are aware that per capita expenditure on medical facilities spent in India is much less as compared with other Asian countries;

(b) if so, the steps propose to be taken by the Union Government to provide better medical facilities to the public: and

(c) the funds earmarked for the Health and Family Welfare Programme in 1996-97 and in the Eighth Five Year Plan?

[English]

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) to (c) A statement is laid on the Table of the Lok Sabha.

STATEMENT

(a) The per capita expenditure on health in India is higher than several other countries in Asia. The per capita health expenditure for the year 1990 in some of the Asian Countries is indicated at Annexure.

(b) Whereas health is primarily a state subject, the Centre has been providing technical and financial assistance in all critical areas which affect health services and disease control. Promotive, preventive, curative and rehabilitative health care services are being provided to the people through a network of Sub-centres, Primary Health Centres, Community Health Centres established and State levels. Several communicable and non-communicable disease control/eradication programmes are being implemented throughout the country. Efforts have been made during successive Five Year Plans to strengthen various teaching institutions to train medical and paramedical personnel required for the Health Care Delivery System. Emphasis has been given for child survival and safe motherhood programmes including immunisation. Biomedical Research facilities have been augmented for research in priority areas. Efforts have been made for inter-sectoral coordination with other related Departments and involvement of voluntary organisations/NGOs and private sectors in the delivery of Health Care Services in both rural and urban areas. In addition, to augment the resources available for health sector certain new initiatives have been taken like mobilisation of external assistance for various disease control programmes and strengthening of selected State Health Systems.

(c) During 1996-97 and Eighth Five Year Plan the funds allocated for Health and Family Welfare (including Central, State/UT sector) are as under :

(Rs. in Crore)

	8th Five Year Plan	*1996-97*
i. Health	7582.19	Not yet finalised for States/UTs. However, for Central Sector Health Programmes including ISM and Homoeopathy, the outlay is Rs. 815.00 crores.
ii. Family Welfare	6500.00	1535.00